



## Testimony in Support of Raised Bill No. 347

Esteemed members of the Judiciary Committee,

My name is Elaine Harris, President of the Board of Directors of Child Advocates of SW Connecticut (CAC) and, on behalf of myself and the Board, would like to voice our support for Raised Bill 347. Our organization knows first-hand how powerful volunteer child advocates can be in improving the possibilities for success for abused and neglected children.

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CAC was established 6 years ago as a largely privately-funded 501c3 charity with the express charter of training and placing volunteer child advocates with abused and neglected children who are under the care of the Department of Children and Family Services (DCF). To that end, we locally have raised well over \$1.3 million in order to train and supervise 120+ volunteers engaged in caring for 200+ children. We see triumphs every day, with children being placed in safe, permanent homes. But we also realize that success can and must be measured in small ways as well – ensuring a consistent, positive adult presence, providing more help and support for daily life struggles, establishing better school attendance and enrolling children in afterschool programs, enabling proper medical and psychological care and minimizing the number of moves and changes in a child's life. Each child's needs are different, but having an advocate that exclusively represents their best interests provides the best chance for a more successful outcome.

It is absolutely vital that we embrace what Raised Bill 347 offers – greater opportunities for children in DCF protective care to have their own volunteer advocates. We are proud to have helped 200+ children in our short history, but that represents just a small percentage of the children in need in our served region. Importantly, the benefits of success to both the local communities and the state are substantial. A child from a stable, nurturing home has a far greater chance of becoming a productive member of the society than one from an abusive and neglected environment who is constantly moved between foster families. This bill has the potential to break the proverbial cycle to the benefit of all Connecticut's citizens.

**We are not here searching for additional funding.** Rather, we are looking for ways to increase our touch to more children. The communities we operate in understand our importance. They provide both human and financial capital to support this work. This bill offers that opportunity.

We hope you will perceive this legislation as favorably as we do.

The Board of Directors, Child Advocates of SW Connecticut

Elaine Harris, Westport  
Kate Freeman, Redding  
Kate Osman, Greenwich  
Amy Starobin Kamisher, Norwalk  
Nancy Rebold, Weston

Scott Hazard, New Canaan  
Terri Knight, Norwalk  
Georgiana Platt, Westport  
Jonathan Liebergall, New Canaan  
Bradley Purcell, Fairfield

**TESTIMONY BEFORE THE JUDICIARY COMMITTEE**

**MARCH 18, 2016**

**H.B. No. 5531 (RAISED) AN ACT CONCERNING THE CARE AND TREATMENT OF PERSONS WITH A MENTAL ILLNESS OR SUBSTANCE USE DISORDER.**

Alexandra Ferguson

Oppose

Good Morning Senator Coleman, Representative Tong and members of the Judiciary Committee.

My name is Alexandra Ferguson and I'm a registered voter in Middletown and I oppose HB 5531, (RAISED) AN ACT CONCERNING THE CARE AND TREATMENT OF PERSONS WITH A MENTAL ILLNESS OR SUBSTANCE USE DISORDER, Involuntary Outpatient Commitment. I would like to share my personal experience with Involuntary Inpatient Commitment.

I've been involuntarily committed in inpatient care twice. When I was 17 I had a serious panic attack and I was sent to the ED where they put me in a room with people who are drunk so they can sober up, along with people who are waiting for a bed in the mental ward of the hospital. I was there for a day and half. Once a bed was available for me in the mental ward, I was put in a room where they admitted people as a suicide watch, even though I was not contemplating suicide and when asked I told the doctor no. This room felt like an asylum. I was told to take off my bra because I could hang myself with it. I was in a room with men and women with this uncomfortable and insecure feeling. Then after a day or two later, the doctors put me in a more "comforting" room.

At both of my times at the hospital I was there for 2 and half weeks. During those weeks my symptoms did not improve at all, they only got worse. I had racing thoughts which kept me up for nights in a row; I was panicking because I felt like I didn't need to be there. If you were a smoker, you weren't allowed to smoke, instead you were given a nicotine patch. All of the windows are locked and you cannot go outside. There is no fresh air in the hospital; it's a trapped feeling, it made me feel like I was in jail. A person that happened to be in the hospital with me was upset because he felt like he didn't belong there and the staff gave him Haldol and put him in a room with nothing on but his underwear... for 24 hours. In group therapy, you are asked to share your more personal and intimate feelings with people you don't know while being told not to be friends with them. If you happened to say that you are not doing well, the provider's immediate response is to give you medication. I was given Haldol and sent to bed because I cried about being there. So with learning this, people come to one conclusion; pretend to be okay so you can leave. There is an unspoken language among the clients to act like you are okay. This means that involuntary commitment doesn't really help people. I felt like this isn't what I need, what I need is to feel like I have some control of my life and my illness.

I understand that some people need this, I was roomed with a woman who did but I believe that there should be options. No one tells you what's going on; no one tells you about your patient rights or how to file a grievance report. You aren't given coping skills, you are just given medication. There really isn't help; there are just consequences if you don't follow the "rules". There is no peer support, just a doctor you see for five minutes once or twice a week. We are just placed in a tornado of insecure feelings

because you are forced to be there. I think we should take a moment to ask ourselves if involuntary commitment is really helping people or is it just comforting those who don't know what else to do? Is

the standard medical model good for people in that environment? What options can we provide than just involuntary commitment? Can we provide different services that can save money then to just put someone in a hospital? Can we come to a conclusion to help while making sure people feel human also?

My name is Alexandra Ferguson and I thank you for your time.